

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Richard M. Fleming

Title:

METHOD FOR DETECTING ABNORMAL TISSUE USING

ENHANCED

RADIOPHARMACEUTICAL

UPTAKE

Appl. No.:

To Be Assigned

Filing Date: 25 June 2003

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post

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Matthew E. Martin (Printed Name)

(Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Richard M. Fleming, M.D. 9290 West Dodge Road

Suite 204

Omaha, Nebraska 68114

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (27 pages).

- [X] Informal drawings (5 sheets, Figures 1-5).
- [X] Declaration and Power of Attorney (3 pages).
- [] Assignment of the invention to Block Medical Center.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO/SB/08 with copies of ___ listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).
- [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	66	. .	20	_ =	46	×	\$18.00	=	\$828.00
Independents:	5	-	3	_ =]	2	×	\$84.00	=	\$168.00
If any Multiple Dependent Claim(s) present:					`	+	\$280.00	=	\$0.00
							SUBTOTAL:	=	\$1746.00
[]	Small	l Entit	y Fees	Apply	/ (subtrac	ct ½	of above):	=	\$0.00
TOTAL FILING FEE:								=	\$1,746.00

- [X] A check in the amount of \$1,746.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____

FOLEY & LARDNER

Customer Number: 27433

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PATENT TRADEMARK OFFICE

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